DOCUMENT RESUME

ED 066 687 CG 007 398

AUTHOR	Gemignani, Robert J.
TITLE	Hotline for Youth.
INSTITUTION	Youth Development and Delinquency Prevention Administration (DHEW), Washington, D.C.
PUB DATE	69
NOTE	33p.
EDRS PRICE	MF-$0.65 HC-$3.29
DESCRIPTORS	Communication Problems; Counseling Services; *Human Services; Professional Services; *Telephone Communication Systems; Youth Agencies; *Youth Problems; *Youth Programs
IDENTIFIERS	*Hotlines

ABSTRACT

In 1968 a telephone service called Hotline began operation in Los Angeles. The concept was planned and implemented by a committee of various community representatives in association with the Division of Adolescent Medicine, Children's Hospital, Los Angeles. The Children's Hospital Hotline is one of 300 existing throughout the country, with a steadily increasing number being created in other parts of the world. The Hotline is designed mainly as a crisis intervention resource. It provides an understanding, empathic, objective "listener" who is immediately available for a troubled youth. Hotline resulted from an awareness of the increasing alientation of youth and the relative lack of meaningful avenues of communication during periods of stress. The important features of the Hotline are its immediate availability and respect for anonymity of the caller. The Hotline approach does not presume traditional professional training in psychotherapy or counseling on the part of the person answering calls. The approach used is based on the concept of "creative listening" and a regard for others, with a special awareness of and sensitivity to young people. (Author/WS)

ED 066687

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY

ED 066687

FOREWORD

In 1968, a telephone service called Hotline began operation in Los Angeles, California. The concept was planned and implemented by a committee made up of various representatives in the community in association with the Division of Adolescent Medicine, Children's Hospital of Los Angeles. Today, the Children's Hospital Hotline is one of over 300 existing throughout the country, with a steadily increasing number being created in other parts of the world. Designed mainly for young people as a *crisis intervention resource*, the Hotline provides an understanding, empathetic, yet objective "Listener," someone who is as immediately available to a troubled youth as the nearest telephone.

The idea for Hotline resulted from an awareness of the increasing alienation of youth and the relative lack of meaningful avenues of communication during periods of stress—stress which sometimes leads to anti-social and delinquent behavior. Perhaps the most unique and crucial features of the resource are its immediate availability and respect for the anonymity of the caller. The approach utilized is not one which presumes traditional professional training in psychotherapy or counseling on the part of those who answer the calls. Rather, it is based on the concept of "creative listening" and underpinned by a genuine regard for others and a special awareness of, and sensitivity to, the world of young people.

This publication is simply a collection of ideas, a rough approximation of where one Hotline (that of the Division of Adolescent Medicine, Children's Hospital of Los Angeles) is now. Just as there are often no simple or final answers for those who call the service, there will never be a finality regarding what Hotline is or could be.

The publication was prepared by Betty Jo Johnson, Director of Special Projects, Division of Adolescent Medicine, Children's Hospital, Los Angeles, California.

ROBERT J. GEMIGNANI
Commissioner
Youth Development and Delinquency
Prevention Administration

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402 - Price 30 cents

CONTENTS

i Foreword

1 Creating a Hotline

15 Approaches and techniques

25 Bibliography

28 Acknowledgments

CREATING A HOTLINE

As the nation has come to realize the critical proportions of its mental health needs, communities have sought new methods to aid individuals in distress. One of these methods is the telephone crisis intervention service, including those commonly referred to as Hotline. The Hotline approach basically depends upon voice communication via the telephone to aid an individual by allowing him the opportunity to interact with a trained Listener. The number of Hotlines is steadily increasing, and many are designed with the adolescent in mind—his world and his needs.

The Hotline approach works with young people for several reasons. First, Hotline provides an outlet for the adolescent through a caring individual—the Listener who answers the phone. Most Hotlines are based upon the concept of "creative listening" and underpinning this are associated techniques, including a special awareness of and sensitivity to the world of youth.

Second, Hotline poses a minimum of red tape to the Caller; there are no limiting criteria for placing a call to Hotline. And, the

service is immediate. As soon as a Listener picks up the phone, the Caller's communication with a caring individual has begun. The general policy is that of acceptance, and the approach is based upon helping people with problems, rather than solving problems to which people are attached.

Young people who call Hotline have already taken a big step by admitting that they are having difficulties—difficulties they can't seem to solve alone. Each Caller is exhibiting, in the most visible way he knows how, his desire to reach out. In many situations, this act of reaching out would not occur if the Caller had to reveal his true identity.

A third reason the Hotline approach works is that the service respects the anonymity of the Caller. Most adolescents have fears of rejection, of ridicule, of being judged. A call to Hotline carries no strings with it. Rather, the message is that assistance is standing by when the need to reach out is felt. The Listener is there to listen, to hear the Caller out, and to assist the Caller in finding possible ways of solving individual struggles and concerns.

The Hotline approach is aimed at reinforcing feelings of strength in an individual, to help him take positive strides in problem solving. If the crisis experience is to yield dividends in terms of growth, the main focus must be upon the Caller—his own resources and his own needs.

The tasks of the Listener, then, are not prescriptive, but to provoke inquiry, to aid the Caller in examining what he is experiencing, to help him reconsider or clarify his opinions about himself and his relationships with others. The goal is to counter the tendency to rely upon external agents of change and to build greater self-confidence in solving problems. It is assumed that this kind of interaction will have significance beyond the resolution of the immediate crisis which precipitated the call to Hotline.

The concept of Hotline has become a significant community youth—help effort across the nation. This chapter has been prepared to aid those in the process of creating or administering such a service. Through this type of communication, progress can be made from the point of what is known. Many of the questions used in this chapter are taken from "Operation: HOTLINE, Manhasset, New York."

Many of the issues cannot be answered; you must rely upon your own insight and honesty, the community in which you operate, and your knowledge of and sensitivity toward the population you wish to reach. Where opinions exist, they have been included in terms of the experience of Children's Hospital of Los Angeles Hotline.

Nevertheless, anyone contemplating creating a Hotline or in the process of administering one should carefully consider each question and seek an answer.

PURPOSE

Any community service cannot and should not operate within a vacuum. Hotline is no exception. The program's success or failure depends upon the relationship of the service to the Caller and to the various sectors of the community at large. Considering this, carefully review the following questions:

- *Would a telephone service really affect the stated needs? Or have you allowed yourself to be glamorized by the Hotline approach to problem solving?*
- *What age and type of population should you reach or can you best affect with a phone service?*
- *Sociologically, do you know what kind of people you are aiming to help in this new service?*
- *Do you really know what kinds of calls come in to a Hotline? And, are you prepared to deal with them—no matter what may come?*
- *Do you know the different types of Hotlines?*

Basically, Hotlines fall into the following general purpose areas: *broad youth service* covering all or most types of problems and educational information, with Listeners trained in a variety of areas and with appropriate community referral resouces as back-up; *emergency or crisis-response services* dealing with aiding those with specific problems that have reached proportions that the Caller finds himself unable to handle; and *education-information* Hotlines which transmit education or community service information to those who call.

- *Can you honestly say (if you are planning a youth-oriented service) that you understand youth needs, have discussed thoroughly and in detail the reactions of youth to such a service, and have formed a youth advisory body or some other official body involving youth to advise or actively participate in the formation and administration of the service?*

It is not only important but extremely helpful for young people

to have a voice in community services which hope to reach their peers. These youths can be a creative and dynamic asset and can aid in communicating the service to other young people.

Children's Hospital Hotline, as well as others throughout the nation, have gathered some information regarding these questions (for a list of Hotlines, write to Children's Hospital of Los Angeles, P.O. Box 54700, Terminal Annex, Los Angeles, California 90054). Don't hesitate to ask other services what they have learned during the course of their operation.

GEOGRAPHIC SERVICE AREA

• *What geographic area would you like to serve? What geographic area can you service effectively?*

Very often service planners and administrators include too wide a geographic area or too large a target population in the delivery of their service. Then, if the service is not large enough to do the job, effectiveness diminishes. The important thing is to provide a good service, and "good" services are by no means synonomous with "large" services.

• *What other Hotline-type services are already serving all or part of your target area? If there are other services, why do you feel it necessary to compete with them?*

Competition is not necessarily bad, but considering the limited mental health resources which exist—manpower, funds, etc.—it is wise to carefully consider whether you want to work at improving existing services or to begin a new one.

STRUCTURE AND OPERATIONS

• *Will you be an "owned and operated" service (financed totally by government, school districts, hospital or medical center, mental health agency, etc.), a "semi-independent" service (financed all or partially by one of these groups plus private contributions or fees),*

or a "totally independent" service (financed largely by private contributions, foundations, and/or fees)?

Each of these approaches has advantages and disadvantages connected to it. Consider each one carefully, keeping in mind the philosophy of the service and the population you wish to reach.

If you are an "owned and operated" service, the advantages include having a more secure source of funds, usually more security with regard to location, a ready agent to which you can report the needs of the community and, in some cases (although this is complex), greater credibility with the community at large.

On the negative side, however, you may encounter legal problems or agency limitations which may affect your service, agency criteria which you must follow, the possibility that all information must be reported to the agency sponsoring you, and, of course, the threat that if you don't comply funding will cease.

"Semi-independent" and "independent" Hotlines have a somewhat different set of advantages and disadvantages. The advantages include: freedom of location and operating standards; freedom in selection, evaluation, and training of staff; and the possibility of greater credibility with certain segments of the community (particularly if you seek to serve the youth "counter-culture"). However, there may be some prices you must pay: First, most likely you will be hustling for funds constantly, you may not be able to find adequate and/or permanent housing, and you may find it harder to utilize effective channels into the power structure.

The decisions you make in this entire area of affiliation or non-affiliation undoubtedly will not only reflect your own philosophy, but may indeed be influenced by particular community situations. Don't assume anything about affiliation; many recognized "establishment" services are anxious to reach populations that you may be able to reach, and because of this desire, may let you operate relatively autonomously. But investigate regardless; know what the consequences of any affiliation might entail.

- *How will your service be governed and managed?*

It's generally accepted that any Hotline service must have a small work force (either paid or volunteer) that is devoted to the responsibility of managing the service. To assure continuity and trust, this staff should be as permanent as possible.

Hotlines are run in various manners. Some operate under a

"benign" dictatorship principle where one or more individuals make decisions for the group. Listeners themselves can form a Board, providing that they are administratively familiar with the various aspects of the program and they are capable of making objective decisions—decisions based upon hard facts and information rather than friendships. Others have a managing staff plus a Board of Directors, Advisory Board, or other such body which includes consumers, Listening staff and management representatives, and individuals from the community at large. It's difficult to work with more than 20 individuals on such a body regardless of size, but it should form a fairly good sample of the community at large.

• *Should you be a a phone service only, or should the phone service be part of a larger operation such as a building facility including a clinic, walk-in center, etc.?*

The answer to this question is complex, depending upon community needs and resources, the population you wish to reach, and the existing power structure. The decision you make regarding affiliation or non-affiliation should be considered along with this question.

• *Regardless, is the location and environment suitable for your purposes?*

For operating a phone service a great deal of space is not necessary. Although it is important to have comfortable and pleasant surroundings for the staff, as well as good lighting and easily accessible resource files, it is equally important to have Listeners working within easy reach of one another without crowding. Some thought should be given to noise level, and ease in hearing the Caller. Some Hotlines use ear phones, others install sound-proof, semi-enclosed areas. Earphones are less expensive and do leave the Listener's hands free to get files or resource lists.

For crisis intervention phone services, it is appropriate to have an equal number of phones to the number of staff people that you have on duty at any particular time, as well as an additional open line or two for emergency situations or so that the staff people can make contact with emergency resources if necessary. Additional lines are helpful also for setting up conference calls among Listener, Caller, and an additional resource person such as a mental health consultant, doctor, lawyer.

Telephone companies throughout the United States have specialized employees to help you design communication systems. To our knowledge, this is a free service and one that you should not hesitate

to call upon. These people are experts and can help in saving money and time.

- *Is your choice of location temporary or permanent?*

Although it may be desirable to be in a permanent location, it is not imperative provided that the phone number of the service remains the same whenever possible.

- *Is the location of your service to be "open knowledge" or to remain "unknown"? In other words, will you advertise the location as well as the telephone number?*

It is generally accepted that for crisis intervention services by telephone it is best to keep the specific location of the service from the public for security purposes.

- *Should you incorporate your services (if not sponsored by an incorporated organization)?*

The question of incorporation, is something that's best looked into on an individual State level, in light of operating laws. However, for the most part, it is useful to incorporate if, for no other reason, than for a tax benefit.

- *What will be the operating hours of your Hotline?*

Hotlines run all the way from 24 hour, seven day per week services, to one evening per week. The decision you make regarding hours of operation must reflect the philosophy of the service, staffing considerations, backup services, availability of necessary supervision, and your budgetary constraints. Although it might be nice to be available to your community 24 hours per day, if in fact your community does not need you 24 hours a day, then it is a waste of time and money. Give thought to the hours of operation of other services as well as the community situation in general.

Also consider how your phones will be handled when you are not actually in service. You can use a commercial answering service, a tape recording with emergency phone numbers, or have calls automatically transferred to private homes or even to other agencies. But keep in mind that Hotline is designed to be a service for people operated by people, and the hope is that your choice in this matter will involve some type of human interaction (not simply an unanswered phone) exhibiting the fact that the service is concerned about the Caller even when it is not during regular hours of operation.

• *Are there legalities and insurance requirements to consider, such as "malpractice," "false counseling," and/or personal liability?*

There is no single answer to this question; it is necessary for each service to check with a lawyer in their home community or State. However, before you begin a service, pursue this matter. Law suits can be most unpleasant, time consuming, and occasionally unprofitable.

• *How can your Hotline operate most effectively?*

Assuming that you have given some thought to all of the previous sections, there are some hints that have been found to be valuable with respect to several Hotlines. These are not to be viewed as rules, but rather as suggestions and ways in which your phone service can operate efficiently and aid those who call.

• Don't disregard any sector of the community as being not particularly useful with regard to furthering your service. Whether you are "street or straight" or somewhere in between, as far as your public image, there are valuable and helpful allies within every sector.

• Log or report keeping is crucial, particularly in the cases of a repeat caller and especially in the instance where someone is calling back and wants to speak to the same Listener but can't remember that Listener's name. Record keeping may also be helpful in terms of acquiring funding for your service; statistics are needed in applying for most grants, for example. But, also remember that confidentiality is important; if your service promises anonymity to the Caller, then that must be honored.

• Look ahead as well as behind you, as well as keeping aware of where your service is now. The program you designed two year's ago may be serving just fine today, but if you do not project community needs into the future, you may find the fact that you have locked yourself into one approach will eventually diminish or even extinguish your effectiveness.

• Don't assume that you will ever have a clear and firm handle on the youth scene. That is one of the most fascinating qualities of the stage of development called adolescence—its impulsiveness and unpredictable behavior. Therefore, you must always be acutely aware of change, both within the "establishment" and outside of it, and you must always make sure that you consider these changes in light of the goals and operation of your service.

• There are many types of telephone crisis intervention services throughout the country. Make every effort to contact others. Setting up contacts and relationships with other services, both in your area and across the nation, may result in saving time and money for your service or may help another service solve problems which have seemed unsolvable.

• Don't invite trouble. Never put an untrained or "questionable" person on the telephone no matter how busy the phones are. That action is just too big a risk to take.

FUNDING

• *How will you support the service?*

Funding, in fact, may be one of the first places that individuals wishing to begin might do their ground work. Funding can be taken care of in a number of ways, but be prepared to accept the fact that for most Hotlines fund raising consumes much energy and time.

One source is community support from various local organizations and civic groups. Another might be by affiliating with civic groups. Yet another way might be in terms of affiliating with a hospital, existing community service, or educational institution, or through a grant from a foundation or from city or county governments.

Regardless, it will be necessary for you to develop a budget before you approach any possible funding resources. Consider in the budget such things as rent, utilities, insurance, phones, consultants, staff (including Listeners if they are to be paid), office supplies, plus any extra materials you might require for training sessions, staff retreats, and answering services. Most Hotlines are pleased to pass along their budgetary experiences (and misadventures); having this information might be helpful if you intend to contact civic and commercial organizations, or granting and funding agencies.

Also look into getting a tax exempt status. State laws vary, but in general this is a good idea. Hotline, like anything else, at an administrative level has to run like any other business; therefore, in order to stay within one's budget, it is necessary to develop and maintain responsible accounting records.

STAFF RECRUITMENT

• *How do you select people who are appropriate for serving as Listeners on Hotline?*

The responsibility of selection of a Hotline staff is undoubtedly one of the most crucial areas faced by those involved in such services. These individuals will ultimately cause—through their interactions with Callers—the success or failure of a Hotline. Therefore, a great deal of effort should be given to the selection of these people.

In the opinion of Children's Hospital Hotline, the process of selection of a staff assumes even greater importance than on-going training. No amount of training, no matter how intensive, can produce significant measurable behavioral and personality alterations. Rather, training is designed to increase and refine associated skills and techniques; however, sensitivity and an awareness must be present within any potential Listener at the time of selection.

It is important to standardize your selection, training, and evaluation of potential listeners. In this manner, there is no favoritism, and various applicants all come to the service on the same basis.

What qualities you desire in Listeners will be based largely on the philosophy and goals of your service. But, it is wise to have some of these qualities firmly in mind before you try to attract potential staff members. Having once decided what it is that you are looking for in a Listener, design an application for potential trainees that will aid in the initial screening. Subsequent interviews may be in person, by phone, or through a combination of these. Initially, you can attract applicants by advertising and letters to other agencies. In short, look to any place or individual who may have access to the types of people you are seeking. You may soon find that word-of-mouth alone brings a sufficient number of potential trainees.

In terms of screening applicants and making selections, it may be appropriate and helpful to use consultants in such areas as mental health, medicine, and social work. These same people also are helpful in your training program. Above all, selection and training must be done in a professional manner if you are to have a responsible and responsive staff. These matters cannot be left to friendship alone, although friends need not be automatically ruled out as Listeners. The number of Listeners required will depend upon the hours of service and the responsiveness of the community.

The question is frequently asked regarding the "best" age to be a Listener. In the experience of Children's Hospital, the ability to be a

good Listener is not directly dependent upon age but rather upon maturity. The same thing is true with respect to types of persons (professionals—non-professionals; students—non-students; street—straight) who make good Listeners. There are and there should be no fixed rules about this. The selections you make should reflect your own agency philosophy as well as your insight into community needs and the criteria you have established as being necessary for Listeners; based upon these factors, decisions should be made—not upon how an applicant dresses, the number of degrees he possesses, or his age. The validity of these criteria must be regularly reexamined by comparing experience with expectation.

STAFF TRAINING

• *How will staff training—that directed at both new and experienced Listeners—be handled?*

Training is an important part of a Hotline service because it enables Listeners and administrators to share information, to improve communication techniques, to deal with specific Caller problems, and may lead to solving service or community problems.

Orientation and training is usually most helpful if it is provided by those who have designed the service, who understand the philosophy, and who are able to get that philosophy across to the Listeners. Length of training and type vary among services. Frequently such techniques as role playing are considered an important aspect of training as well as the transference of certain types of didactic information. Other approaches include encounter groups, communication exercises, listening to taped Listener-Caller conversations and giving a critique of them, and bringing in community resource people who have knowledge applicable to the service.

Such training is thought to be important for both new and experienced staff members. It is best done on a fairly regular basis, and the Listeners should have the opportunity to communicate with those planning the training in order that the program reflects the staff needs.

Training need not stop with special training sessions. You may want to consider something in the way of a "buddy plan" with a senior Listener and a trainee working together or a senior Listener being responsible for a team of Listeners.

Furthermore, an on-going evaluation and supervision program should be instituted to give both Listening staff and service administration a better idea of what is actually happening on the phones with the staff people, what it is that the service lacks, and the effectiveness of the service *in toto*. Because of the variety of approaches available, you may want to try out various training and evaluation approaches and include or exclude parts or portions after you have been operating for a while.

REFERRALS AND CONSULTANTS

• *How will you handle referrals and how should or can you utilize consultants?*

It is important to keep in mind the various referrals and references that you will need or want to make in the course of operating your service. Some ideas regarding when to use referrals is covered in the next section titled, "Approaches and Techniques." Referrals may be appropriate in such areas as unwed mothers, venereal disease, abortion, draft information, mental health problems, medical and legal problems, as well as other specific areas.

In those cases such as suicide or drug overdose, you may want to make prior arrangements with emergency services. In any case, know the telephone numbers and locations of emergency hospitals, rescue units, fire and police departments, ambulances, etc. Make sure that these telephone numbers are posted and clearly visible. Also check the numbers *frequently* for changes that might have occurred.

Although this type of backup is important, it's also important that the use of emergency service be done in an appropriate manner so as not to threaten the particular caller—threaten him so much that he refuses to give you necessary information (like his address) or hangs up out of fear.

In order to make referrals, a referral file or listing must be created; this is something that is extremely important but at the same time very difficult to keep up-dated. Nevertheless, constant attention must be paid to this listing since the information that is given out needs to be accurate and helpful. Note changes in phone numbers, addresses, places that have gone out of business, places that are newly in operation, as well as the kinds of services that are offered, any criteria for agency acceptance, operating hours, etc. It

is also helpful to make contacts with people in the agencies to which you refer so that when you do refer a Caller you can let him know immediately whom he can see, to minimize the hassles of bureaucratic red tape.

In addition, is it wise to have on-call consultants in a variety of fields, but most particularly in the areas of mental health, medicine, and law. If such back-up exists, a Listener who finds himself in a situation where some information is needed at a particular moment can make contact with the consultant and either set up a conference call or find out the necessary information from the Caller.

PROMOTING YOUR SERVICE

- *How do you plan to get the message to your potential clientele?*

Promoting any service is very important, and the manner in which you do it is particularly important. Before you begin to advertise, consider whom you want to reach and how you want to serve them; such considerations may aid you in determining which methods are the most beneficial. There are really no limits to the types of advertising media that may be used: church bulletins; posters; wallet-size cards handed out in schools (get permission before you do this); radio and television spot announcements (this time is free for community agencies); high school, college and underground newspapers; telephone book yellow pages; charity benefits—in short, any method which will reach people. Some Hotlines have been particularly creative in this area; and advertising techniques are only limited by your imagination.

However, while it is important to advertise, it is also important to advertise honestly. Don't promise services you cannot deliver. And, keep the youth culture in mind throughout the course of promoting your service. You don't want to turn off the perspective client, but rather let him know that you are there if he needs or wants you.

A FINAL WORD

It should be clear by now that the Hotline concept does not work by itself. Running a Hotline is a serious matter, and your

approach in operating or creating one should reflect this attitude. The people who call you are facing individual problems, and they are seeking help; this need should be respected. Therefore, your operations, structure, and relationship to the community should always receive considerable attention. Most communities generally need telephone crisis intervention services, and whether you are contemplating creating one or are in the process of running one, you have a responsibility to the Callers and to the community and to make yours the best Hotline possible.

APPROACHES AND TECHNIQUES

Good listening skills are a major prerequisite to meaningful telephone interaction; it is upon this philosophy that Hotline is based. It is not the purpose of this chapter to give you a quick course in listening. There is no quick and guaranteed process through which listening techniques can be acquired. The Suggested Bibliography contained within this publication offers a list of written resources, some of which deal at length and in greater detail with the concept of "creative listening."

What is intended in this chapter is to increase your awareness that listening is a complex sociological and psychological function, one that is absolutely necessary for communication, but one that we may actually take for granted.

Listening as it is related to telephone crisis intervention services

(or indeed any program depending upon voice communication as a means to assist others in solving problems) introduces a factor in communication that is different from face-to-face interaction; that factor is the telephone. Immediately, many cues that we constantly and unconsciously use to inform ourselves about the attitudes and opinions of those with whom we are communicating are absent, such as facial and body gestures, posture, eye contact, etc. We are left with only one major source of input—the voice.

However, it should not be assumed that the voice does not provide us with a wide range of information. Inflection, pauses and silences, and tone are only a few of the many facets of voice communication which enable one who listens (a Listener) to gain insight into the person with whom he is speaking on the telephone (a Caller).

Another common misconception concerning telephone crisis intervention services surrounds the definition of "crisis." There are various connotations given to the term, and definitions vary from individual to individual. As "crisis" is related to Hotline, what must be remembered is that this resource respects this variance of definition; it is not the responsibility nor the intention of Hotline to make judgments regarding what a Caller views to be a crisis in his life. Any problem, situation, or attitude that a Caller finds stressful warrants respect and attentiveness from a Listener.

"Creative listening" is generally, as it is viewed by Hotline,a catalytic process that is neither passive nor impositional, wherein the Listener's primary function is that of encouraging an attitude of self-examination and exploration. The Listener's job is to assist the Caller in recognizing the realities of the situation he confronts and in exploring strategies open to him in resolving the problem. The Listener may throw out ideas for consideration (or even give personal opinions if they are solicited), but the focus is always placed on the Caller's own resources and experiences. In this way, the Caller not only remains the responsible agent, but the coping strategies developed have meaningful anchorage in his own world as well.

Hotline's approach in assisting people cannot be followed in the sense of a prescribed course. A Listener's effectiveness rests ultimately on his personal maturity and particularly upon that aspect of maturity that allows freedom to explore the human condition in non-evaluative terms. Obviously, this is not teachable in the usual sense; there is no set of techniques which, however meticulously implemented, can render personal maturity inconsequential. It is thus a primary task of Listeners to examine their own selves with disciplined awareness.

Whether we are examining ourselves or listening to a Caller, the approaches associated with Hotline are based upon some general assumptions from which techniques are developed.

• In general, those who call the service do so because they face some kind of conflict or uncertainty which they have been unable to resolve on their own.

• The manner in which an individual solves his own problems is a function of his perception of himself and his world. Therefore, effective resolution to problems can evolve only out of the context of the individual's own life experience.

• A Caller has the capacity to reorganize his views and modify his behavior. It is the Listener's function to facilitate redefinition through provoking self-examination and exploration. For this to occur, unconditional regard and respect for the Caller and his perspective are absolute prerequisites to constructive interaction.

• Regardless of the style, the objective of the telephone interaction is to promote free and open disclosure on the part of the Caller. It is how the Caller views things that is crucial in his efforts to manage his own affairs. The Listener, then, must be continually alert to the possibility of confusing his own frame of reference (values, styles, interests, etc.) with that of the Caller's.

• Individuals with problems are not benefitted from advice-giving, ready-made solutions or any other unilateral impositions which, in effect, displace the Caller's own responsibility. The ultimate thrust of the helping relationship is toward clarification. The more a person is aware of his real self, the more effective he is in directing his destiny in creative and self-fulfilling ways. It is thus a function of the Listener to create conditions that would allow a person to learn to listen to himself.

Based upon these assumptions, some ways of facilitating clarification and self-disclosure have been developed. These are not rules; there are no hard rules when it comes to communication. Rather, these are a collection of ideas regarding techniques that may be helpful to you as a Listener—whether within a telephone crisis intervention service or within some other listening setting.

CLARIFYING FEELINGS

Many of the crises people experience are compounded, if not generated, by unrecognized and/or unacceptable feelings. The Listener can be helpful here by being alert to undercurrents of intent and making note of them openly with the Caller.

FOR EXAMPLE

Caller: "I don't know if I have enough courage to face the problem."
Listener: "Like it's kind of scary to think of standing on your own feet?"

* * * * *

Caller: "I don't know, I just can't seem to get any further."
Listener: "Well, maybe we should take a look at the problem and see why it is so hard."

RECOGNIZING AMBIVALENCE

Implied by many crises (if not in one way or another basic to all of them) is a conflict of feelings. Such conflict tends to render the problem unsolvable and to paralyze decision-making. It is an important function of the Listener to help clarify ambivalence where it appears to exist and to assist the Caller in resolving it. The latter may require a close examination of needs and a relative weighing of their importance. Or, as is most often the case, a process of examination is necessitated which may help the Caller realize that the feelings previously viewed as oppositional or incompatible may be perceived as being otherwise.

FOR EXAMPLE

Caller: "It's very simple. My parents and I just don't communicate."
Listener: "Let's try and be more specific. Are there particular areas or subjects about which you can't communicate?"

Caller: "I want to do it, but I can't. I just can't.
Listener: "Okay, let's look at the reasons why you want to do it and the reasons that you can't.

CLARIFYING OPTIONS

The "unsolvable" component of the crisis experience is often the consequence of perceived limitations within the individual's capacity to influence events or, more accurately, to control contingencies. The crisis-bearer sees himself frequently as the victim of circumstances—circumstances that are beyond his control. An important facet of crisis intervention, and one in which the Listener can play a significant role, is the clarification of accountability. Often what emerges is the recognition of options not previously viewed as such, or at least the placing of responsibility where it in fact rests.

FOR EXAMPLE

Caller: "It's my parents' fault, and that's why I ran away from home. They never let me do anything I wanted to do."
Listener: "What exactly did they stop you from doing? Why do you think they stopped you?"

* * * * *

Caller: "I don't have any choice, and that's just the way it is."
Listener: "Are you sure you don't have any choices open to you? Maybe it would be a good idea to review all the possibilities."

FOCUSING

Thoughts or feelings expressed by the Caller may have varying degrees of significance relative to the major issues involved. A Listener can facilitate clarification by means of non-directive, non-judgmental leads that ask the Caller to elaborate on points that seem to have greater relevance.

FOR EXAMPLE

Caller: "The trouble I'm having with my boyfriend is nothing new. I've always had trouble with people."
Listener: "Has it always been this way, or do you just have trouble with some people?"

* * * * *

Caller: "Look man, getting arrested is nothing new to me. Things like this always happen to me."
Listener: "What kinds of other things?"

ENCOURAGING CONTINUED CLARIFICATION

Simple statements of understanding on the part of the Listener, without the implications of approval or criticism, encourage the Caller to continue unfolding himself. The "M-hm" or "I understand" response lets the Caller know, not only that the Listener is still with him, but also that the Caller is following a meaningful course. In some instances, more of a lead than that of the above examples may be in order to promote continued elaboration.

FOR EXAMPLE

Listener: "Could you tell me a little more about this? I'm not sure I understand it completely."

* * * * *

Listener: "How do you feel about the decision you seem to have made?"

TERMINATION

Termination of a telephone conversion between a Listener and a Caller is an important but often difficult process stage. Ideally, ending the conversation would come about by some form of mutual

awareness that the conversation should be terminted based, not on the contention that the identified problem had been solved, but rather based on the feeling that some openings and options have been found in the way of problem-solving strategies.

When difficulties arise regarding termination, the following consideration is usually the most relevant: the Listener and/or the Caller may see the problem as a discreet one for which there is some specific, unique, "right" solution only to be retrieved from some imagined file of solutions. Thus, either Listener, Caller, or both may become compulsive in finding "it" and not wish to terminate the conversation until the search has ended.

In line with the philosophy upon which the program's approaches are built, Hotline's ultimate goal with each Caller is to provoke self-awareness and increase the ability of the Caller to solve his own problems. Solutions are seldom found immediately. So, although deciding when to terminate a conversation is an intuitive process, a Listener should always examine his own motives for wanting to continue the telephone interaction.

SOME SPECIAL SITUATIONS

Handling the Emergency Call

An emergency as it is related to Hotline is a crisis which has progressed to the point where imminent danger to self and/or others has occurred or is likely to occur. The situation may not necessarily involve a life or death matter, but does entail the prospects of extremely maladaptive behavior which, if carried out, would result in a major setback to ongoing development. The most common types of emergency calls coming to Hotline are drug overdoses and suicide attempts.

Emergency calls generally demand some form of direct, aggressive intervention as opposed to the approach which rests predominantly on the Caller's own coping resources (which probably cannot be sufficiently mobilized at the time).

Determining what constitutes "emergency" status is usually the most difficult step in the process, yet extremely important. When emergency action is indicated and implemented, the benefits are obvious. And, if a Listener is to err in judging the severity of a crisis,

it is surely in this direction he would tend. However, a Listener should not overlook the possible detrimental effects of intervention when it is misapplied.

The need on the part of the Listener is to allow for the continual improvement in skills relating to judging emergency status. Much of what is involved remains subjective and intuitive and is refined through enlightened experience.

Whether within a telephone crisis intervention service or within another context, a Listener must familiarize himself with the options open to him in case of an emergency. Time used trying to find the proper resource or even a telephone number may have a direct bearing on the ability to catch the emergency in time.

The Frequent Caller

Some individuals, for a variety of reasons, tend to call Hotline repeatedly without evidencing much, if any, growth. They may or may not present a "crisis" situation; and if they do, it is often as a "ticket of admission". While not questioning the presence of some real need, it is nonetheless important at some stage to examine the role of Hotline and its Listeners in these kinds of interaction to make some determination of consistent method. Some of the considerations in this process might include the following:

- Collaboration among staff members who are dealing with the Caller toward the goal of formulating a joint plan that will be followed by everyone;

- Consideration of alternative methods of helping the Caller (for example, referral);

- Firm, but gentle, confrontation with the Caller on the issue in question (namely his relationship to Hotline);

- Examining the possibility that the Listeners are encouraging dependency on the part of the Caller;

- Examining the possibility that the Caller has found in Hotline a source of psycho-social supply which comfortably substitutes for "real world" interactions of a sort which would have more meaning in ongoing development.

The Obscene Call

Obscene calls are those calls which are placed for the express purpose of sexual arousal. The most common example is the individual who seeks voice stimulation for the purpose of masturbation. Other calls may carry implicit (if not quite explicit) sexual propositions. With very few exceptions, such calls are placed by males with the intent of speaking with a female.

Difficulties in handling this type of call appear attributable to anxiety within the Listener himself and uncertainties as to how a Listener can be of real help to the Caller. The first of these is a matter for personal reconciliation; this requires a Listener to get to know and understand himself and why he feels this anxiety.

The second source of difficulty (deciding how to best help the Caller) may be less problemmatic if examined in light of the following considerations.

- Generally, obscene call behavior is symptomatic of complex problems of a type that require intensive, often long-term therapy. Thus Hotline will rarely prove an effective context for assisting such persons other than by referring them to appropriate agencies and/or individuals.

- Obscene Callers often deny having such a problem; this denial makes referral very difficult.

- A Listener's efforts are best directed initially toward communicating to the obscene Caller your concern for his underlying problems and the Listener's genuine desire to assist the Caller in finding some positive way of dealing with them. However, this approach must be taken in such a way as to discourage the symptomatic behavior.

The "Put-On" Call

No call is taken as "illegitimate" in the sense that no need prompted the contact. It may be that the "put-on"—a fabricated problem or personal misrepresentation—is a test of the Listener's trustworthiness and as such is a prelude to disclosure. The "put-on" may also disguise, even to the Caller, needs which if recognized would point to more appropriate means of satisfaction.

Regardless, each individual who calls Hotline is accepted uncon-

ditionally although his reasons for calling ("put-on" or not) are always open to examination.

Difficulties in handling the "put-on" call are often as not attributable to Listener reactions of being "had". If this is the case, it is appropriate for the Listener to examine his own attitudes with some care.

The "Proxy" Call

Hotline is designed to assist the individual experiencing a crisis through direct telephone interaction. Occasionally Callers present problems through someone else with the intent of getting some useful ideas which would then be passed on. If this is indeed the situation, a Listener generally seeks to eliminate the "middle man" either by: 1. suggesting that the Caller encourage the problem bearer to contact Hotline, or 2. shifting the focus to the Caller and his needs (for example, the Caller may have a need to help a friend but feel inadequate in meeting this responsibility; or a parent may be experiencing anxiety in reaction to what he has identified as a problem in his child). Whatever avenue a Listener chooses to follow, you must proceed gently and speculatively and from the viewpoint of the Caller.

In many instances, the "proxy call" is, in fact, an effort to maintain immunity. If this seems to be the case, the Listener should accept the Caller's need for protection and only gradually, and at the Caller's pace, help him to assume ownership of the problem he presents.

Hotline is not an advice-giving service; it is not in existence to provide medical, psychological, or moral judgments. Rather, it is a service based upon the desire to enable Callers to communicate their own difficulties and stresses to another individual—an individual who cares enough to listen carefully and completely. The need to be listened to is very basic to youth, and to listen creatively should be a primary goal of every adult who interacts with youth.

BIBLIOGRAPHY

The following list of books has been helpful in aiding those interested in learning more about Hotline–the program's philosophy and focus–and about people–our needs and relationships with others.

This list obviously is not "issue oriented". Research surrounding the knowledge and present thinking regarding pressing issues within American society should also be done by anyone, whether as a Listener or as a citizen. But the sensitivity and awareness each of us has toward ourselves and toward others has a direct effect upon our ability to confront and work through problems; these resources are suggested to enable you to increase that sensitivity and awareness.

Allport, G.; **Becoming;** New Haven; Yale University Press

Barbara, D.; **Art of Listening;** Springfield: Thomas, 1958

Bertalanffy, Ludwig; **General Systems Theory:** New York: George Braziller, 1968; Chapter 9 especially

Buber, M.; **Between Man and Man;** Boston: Beacon Press, 1955

Buber, M.; **I and Thou;** New York: Scribners, 1958

Bugental, J.; **The Search for Authenticity: An existential-analytic approach to psychotherapy;** New York: Holt Rinehart & Winston, 1966

Caplan, G.; **Principles of Preventive Psychiatry;** New York: Basic Books, 1964

Hesse, H.; **Siddhartha;** New York: New Directions

Jourard, S.; **Disclosing Man to Himself;** Princeton: Van Nostrand, 1968

Jourard and Overlade (Eds.); **Reconcilliation: A Theory of Man Transcending;** Princeton: Van Nostrand, 1966 (Insight Book)

Jourard, S.; **The Transparent Self;** Princeton: Van Nostrand, 1964

Jung, C. G.; **The Undiscovered Self;** Boston: Little Brown & Co., 1957

Kelley, G.; **The Psychology of Personal Constructs;** New York: Norton, 1955

Kenniston, Kenneth; **The Uncommitted: Alienated Youth in American Society;** New York: Harcourt, Brace & World, 1965

May, Rollo; **Man's Search for Himself;** New York: Norton, 1953

Moslow, Abraham H.; **Toward a Psychology of Being;** New York: Van Nostrand, Reinhold, 1968

Progoff, I.; **Depth Psychology and Modern Man;** New York: Julian Press, 1959

Progoff, I.; **The Symbolic and the Real;** New York: Julian Press, 1963

Rogers, C. R.; **On Becoming A Person;** Boston: Houghton Mifflin, 1961

Rogers, C. R.; "Some Observations on the Organization of Personality": **American Psychologist,** 2, pp 358-368, 1957

Rogers, C. R. & Stevens, B.; **Person to Person;** Walnut Creek, California: Real People, 1967

Roszak, Theodore; **Making of a Counter Culture;** Garden City: Doubleday & Co., 1969, (Anchor Books)

Simmons, J. L. & Winograd, B.; **It's Happening;** Santa Barbara: Marc-Laird, 1966

Tillich, P., **The Courage to Be;** New Haven, Yale University Press, 1952

31

ACKNOWLEDGEMENTS

The conceptual framework underlying the Hotline model presented here was developed by **Gerald R. Bissiri, Ph.D.,** formerly Chief Psychologist, Division of Adolescent Medicine, in collaboration with **Dale C. Garell, M.D.,** Director, Division of Adolescent Medicine and **Myldred E. Jones,** formerly Director, Administration and Community Out-Reach, **Hotline,** all of Children's Hospital of Los Angeles.

The professional staff has had the assistance and advice of a number of experts in the scientific and technical fields in and outside government and gratefully acknowledges their contributions.

Special thanks are extended to the following individuals (and their organizations) who provided assistance in the production of this publication:

Mrs. Burt Freed
Los Angeles, Calif.

The Rev. George Head
Los Angeles, Calif.

Mrs. Jeffrey Lawson
Los Angeles, Calif.

Donald F. Muhich, M.D.
Beverly Hills, Calif.

Mr. P. Peter Scott
Los Angeles, Calif.

Mr. John Tutak
Los Angeles, Calif.

Mr. John Goetz, dec.
Sherman Oaks, Calif.

Mr. Solomon Kobrin
Los Angeles, Calif.

Dr. David MacPherson
Los Angeles, Calif.

Michael Peck, Ph.D.
Los Angeles, Calif.

Mrs. Leonard Slaff
Los Angeles, Calif.

Mr. Bud Weisbart
Gardena, Calif.

Mr. Michael Golden
Los Angeles, Calif.

Mr. Ben Kogan
Los Angeles, Calif.

Mrs. Maurice Millard
Studio City, Calif.

Chaplain Medicus Rentz
Long Beach, Calif.

Mrs. Barbara Thies
Los Angeles, Calif.

The Rev. Lloyd Workman
Los Angeles, Calif.

And the staff of the many Telephone Crisis Intervention Services in Southern California whose input provided significantly to the Development of this project.

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
WASHINGTON, D.C. 20201

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300

POSTAGE AND FEES PAID
U.S. DEPARTMENT OF H.E.W.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL AND REHABILITATION SERVICE
Youth Development and Delinquency Prevention Administration
Publication No. DHEW (SRS) 72–26006